

Stakeholder Analysis

South Carolina

Department of Disabilities and Special Needs

August 16, 2012

Methods

- Series of eight focus groups across the state
- Each included four groups of stakeholders:
 - families with children birth to age 5 at home
 - families with children age 6 to 20 at home
 - adults living with families
 - adults or children living in a DDSN residential facility



Background

- 805 participants across the state
- Information from an online survey of 150 DDSN stakeholders was also analyzed as part of this study

Topics covered

- Most and least important supports
- Parts of the support system that are working well and those that need improvement
- How DDSN can improve the value of the supports it provides
- Cost containment
- Health care concerns and barriers to appropriate health care
- Additional supports needed

Key Findings

(1a) Virtually every service DDSN provides is considered important by consumers. While the identification of the “most important” service varied across groups, respite care, quality staff, and service coordination are generally considered important by all groups.



Key Findings

(1b) Group specific “most important” services include:

- 0 – 5: early intervention therapies
- 6 – 20: personal care aides
- adults: respite care
- residential: quality of life and compatibility



Key Findings

(2) There are virtually no supports that are considered to be “least important.” Although several different services were mentioned as part of these groups, the sentiment clearly expressed was that “all services were important.”



Key Findings

(3) Stakeholders generally believe that the DDSN system works well, and the best features of the system identified vary by group:

- 0 – 5: early intervention; PDD waivers
- 6 – 20: waivers; family supports
- adults: consumer focus; consistent services
- residential: quality of care; facility features



Key Findings

(4) The most frequently identified ways in which DDSN could improve the supports it provides were training of staff, continuity of care, assuring the quality of services, and providing additional funding.



Key Findings

(5) Stakeholders offered a number of suggestions for containing costs. Many of these were general suggestions such as to use best management practices or to monitor costs. Specific suggestions included using more technology, using more fuel efficient vehicles and combining trips, and using more volunteers to provide services.



Key Findings

(6) Health care concerns consistently identified included the need for more providers who accept Medicaid; more services that would be covered by Medicaid; the need for more providers; the need for more specialists; and more choice in providers. Concerns about dental care were also expressed across groups.



Key Findings

(7) Through these groups, participants expressed the importance of communication. Communication about available services, communication with physicians, communication between family members and DDSN staff, and between DDSN and the community were among the types of communications mentioned as important.

Key Findings

(8) Although the value of and need for communication was expressed in a number of the items considered, it was particularly important in transition planning. Stakeholders wanted to know the types of services that were available. The need for planning for any transition, as well as the need for service coordination throughout the process, were considered important.



Summary

The diverse set of consumers served by DDSN values the supports they receive and generally feels that the system is working well. They are concerned about change and about health care, and they value quality, consistency, and continuity in the services they receive. Information and communication with DDSN are important to them in making decisions that contribute to their quality of life.

